



TRANSMITTAL FORM (to be used for all <i>correspondence after</i> initial filing)	Application Number	10/564,842	
	Filing Date	January 11, 2006	
	First Named Inventor	CHU, et al.	
	Art Unit	1755	
	Examiner Name	Marcheschi, Michael A.	
Total Number of Pages in This Submission	12	Attorney Docket Number	W9643-02

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (2x *) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations) <input checked="" type="checkbox"/> Extension of Time Request (2x *) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CID, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

* 2x = Duplicate Copies

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	W R Grace & Co. Conn		
Signature			
Printed name	William D. Bunch		
Date	November 17, 2006	Reg. No.	35027

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Angela M. Porrovcchio	Date	November 17, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.